

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Matt D. Chalker, et al.
 Appln. No.: New Application
 Filing Date: Herewith
 Title: USER INTERFACE TO AID SYSTEM INSTALLATION



UTILITY PATENT APPLICATION & FEE TRANSMITTAL
 (for nonprovisional applications under 37 CFR § 1.53(b))

CERTIFICATE OF MAILING BY "EXPRESS MAIL" UNDER 37 CFR § 1.10

I, hereby certify that this paper and all enclosures are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR § 1.10 on **December 3, 2003** Express Mail Label No. **EV 148297807 US** and is addressed to the Attn: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Pam Golden
 Signature of Person Mailing: Pam Golden

Commissioner for Patents
MAIL STOP PATENT APPLICATION
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are the following:

I. Elements of the Application		
<input checked="" type="checkbox"/> Application	[1]	page(s) of Cover Sheet
	[1]	page(s) of Specification
	[7]	page(s) of Claims (34 claims)
	[1]	page(s) of Abstract
	[2]	sheets of Drawings [] Formal [X] Informal
<input checked="" type="checkbox"/> Declaration [] page(s)		
	[X] Unexecuted	[] Executed [] Copy from prior application (37CFR § 1.63(d))
<input type="checkbox"/> Deletion of Inventors:	[]	page(s) of signed statement deleting inventor(s) (37CFR § 1.63(d) & 1.33(b))
<input type="checkbox"/> Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i)		
<input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission:		
	[]	page(s) of Sequence Listing (paper copy)
	[]	disk(s) containing Sequence Listing (computer readable copy)
	[]	page(s) of Statement Under 37 CFR 1.821(f)
<input type="checkbox"/> Microfiche Computer Program Appendix		
II. Claim for U.S. Priority		
<input type="checkbox"/> This application is a	<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part
	of Prior Application No. _____	filed _____, (35 USC §120)
<input type="checkbox"/> This application claims the benefit under 35 U.S.C. §119(e) of United States Application Serial		
	No. 60/_____	filed _____.
<input type="checkbox"/> The entire disclosure of the prior application referenced above, is considered as being part of the application		
	filed herewith and is herein incorporated by reference in its entirety.	
III. Claim for Foreign Priority		
<input type="checkbox"/> This application claims the benefit under 35 USC §119 of Prior Application No. _____		
	filed _____.	
<input type="checkbox"/> Certified Copy of Priority Document	[]	page(s)
<input type="checkbox"/> English Translation of Priority Document	[]	page(s)

IV. Accompanying Documents

- ☐ Assignment Papers [] page(s) of Recordation Cover Sheet [] page(s) of Assignment
- ☒ Applicant(s) claims Small Entity Under 37 CFR § 1.27.
- ☒ Information Disclosure Statement [1] page(s) of PTO-1449 [2] copies of IDS References
- ☐ A Preliminary Amendment [] page(s)
- ☐ A copy of a Petition for Extension of Time (_ mos.) filed simultaneously in Prior Application No. _____
- ☐ A copy of a Submission of Processing & Retention Fee (37 CFR § 1.78(a)(1) which is being filed simultaneously in Prior Application No. _____
- ☐ Other _____ (specify)
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

V. Fee Calculation

<input type="checkbox"/> The following fees are submitted:				CALCULATIONS	
		OTHER THAN SMALL ENTITY	SMALL ENTITY		
BASIC NATIONAL FILING FEE		\$ 770.00	\$ 385.00	\$385.00	
EXTRA CLAIMS FEE					
CLAIMS	# FILED	# EXTRA	RATE	RATE	
Total Claims	34- 20 =	14	× \$18.00	× \$ 9.00	\$126.00
Independent claims	6- 3 =	3	× \$86.00	× \$43.00	\$129.00
MULTIPLE DEPENDENT CLAIM(S)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$290.00	\$145.00	\$0.00	
Fee for recordation of the enclosed assignment (37 CFR 1.21(h), 3.28, 3.31).					
(Numbers of Applications) × \$40.00				\$0.00	
OTHER FEES _____ (specify)				\$0.00	
TOTAL FEES =				\$640.00	

- a. ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- b. ☒ Please charge Deposit Account No. 50-2518, Docket No. 2022962-7006652001, in the amount of \$640.00 to cover the above fees. *A duplicate copy of this sheet is enclosed.*
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2518, Docket No. 2022962-7006652001
A duplicate copy of this sheet is enclosed

SEND ALL CORRESPONDENCE TO:

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SIGNATURE

DATE

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37,776
REGISTRATION NUMBER